

WASHINGTON STATE DEPARTMENT OF TRANSPORTATION

Research Problem Statement Submittal Form

Research Program

Problem Statement Area:

DUE DATE: _____

Submitted by:

Name: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Title:

Problem / Description:

Proposed Research Approach:

Potential Benefits:

Estimated Cost:

Estimated Time (Months):

Return to:

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Manager

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